

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050097

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318
FILED JAN 6 1964

Primary Registration District No. 1003

Registrar's No. 12747

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 1 day	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5517 Lillian Ave. to City Morgue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Everett Middle E. Last Wilson		4. DATE OF DEATH Month 12 Day 22 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Hardware	11. BIRTHPLACE (City and state or country) Paris, Ill.
13a. FATHER'S NAME Edward Wilson		13b. MOTHER'S MAIDEN NAME Katherine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Ruth Wilson, 5047 Alcott Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Ischemia DUE TO (b) Cardiac Arrest DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema			INTERVAL BETWEEN ONSET AND DEATH ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from April 1962 to Oct 1963 and last saw her alive on Oct 1963 Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 7824 Natural Bridge	
22a. SIGNATURE Wilson D.O.		22c. DATE SIGNED 12-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/26/63	
23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		23d. LOCATION (City, town, or county) St. Louis	
24. FUNERAL DIRECTOR Drehmann-Harral		25. DATE RECD. BY LOCAL REG. DEC 24 1963	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/54

1

2

3

4

5

6

7

8

9

10

11

12

13

91

Dr. John C. Olson
7824 Natural Bridge
Ev. 5-2444

Mrs. 2 - 3 PM Mon.

Dr. David R. Olson
Room 119, University Hall

Male	White	x	2/2/30	Wilson	12	25	63
Edward Wilson	Hardware Merchant	Retail Hardware	Paris, Ill.	U.S.A.			
400-36-0332	Ruth Wilson	2047 Alcott Ave.	Flora H. Wilson				
No							
Everett	White	x	2/2/30	Wilson	12	25	63
City Morgue	2517 William Ave.	x					
St. Louis	1 day						
St. Louis							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Gravestone-1st 1005 Union

Burial 12/30/23

Concordia Cemetery St. Louis